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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU040066
	First Named Inventor	Michael Anthony Pugel et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR DISTRIBUTING SIGNALS

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/453,491	03/11/2003	
60/453,763	03/11/2003	

[Page 1 of 4]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

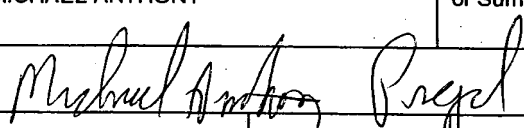
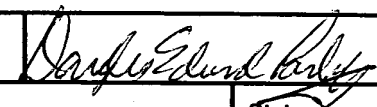
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## DECLARATION — Utility or Design Patent Application

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<b>Name</b>		JOSEPH S. TRIPOLI		
<b>Address</b>		Thomson Licensing Inc.		
<b>Address</b>		PO Box 5312		
<b>City</b>		<b>State</b>	<b>ZIP</b>	
PRINCETON		NJ	08543-5312	
<b>Country</b>	<b>Telephone</b>		<b>Fax</b>	
USA	609-734-6813		609-734-6888	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b>		<b>Family Name or Surname</b>		
MICHAEL ANTHONY		PUGEL		
<b>Inventor's Signature</b>				<b>Date</b>
				6-23-04
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>	
NOBLESVILLE	INDIANA	US	US	
<b>Mailing Address</b>				
Mailing Address 20925 Creek Road				
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>	
Noblesville	Indiana	46060	US	
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b>		<b>Family Name or Surname</b>		
DOUGLAS EDWARD		LANKFORD		
<b>Inventor's Signature</b>				<b>Date</b>
				6-29-04
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>	
CARMEL	INDIANA	US	US	
<b>Mailing Address</b>				
Mailing Address 5256 Cheyenne Moon				
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>	
Carmel	Indiana	46033	US	
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page **2** of 2

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOHN JOSEPH		CURTIS, III <i>mc</i>	
Inventor's Signature <i>John Joseph Curtis III</i>		Date <i>6/28/04</i>	
Residence: City	NOBLESVILLE	State	INDIANA
Country	US	Citizenship	US
Mailing Address			
Mailing Address 121 Scarborough Circle			
City	Noblesville	State	Indiana
Zip	46060	Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
KEITH REYNOLDS		WEHMEYER	
Inventor's Signature <i>Keith Reynolds Wehmer</i>		Date <i>7/2/04</i>	
Residence: City	FISHERS	State	INDIANA
Country	US	Citizenship	US
Mailing Address			
Mailing Address 6411 Columbia Circle			
City	Fishers	State	Indiana
Zip	46038	Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MIKE ARTHUR		DERRENBERGER	
Inventor's Signature <i>Mike Arthur Derrenberger</i>		Date <i>6/25/2004</i>	
Residence: City	FISHERS	State	INDIANA
Country	US	Citizenship	US
Mailing Address			
Mailing Address 11721 River Ridge Drive			
City	Fishers	State	Indiana
Zip	46038	Country	US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 2 of 2

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
TERRY WAYNE				LOCKRIDGE	
Inventor's Signature <i>X Terry Wayne Lockris</i>				Date <i>X 6/25/04</i>	
Residence: City	DAYTON	State	OHIO	Country	US
Mailing Address					
Mailing Address 5478 Grantland Drive					
City	Dayton	State	Ohio	ZIP	45429
Country				US	
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
ANDREW ERIC				BOWYER	
Inventor's Signature				Date	
Residence: City	INDIANAPOLIS	State	INDIANA	Country	US
Mailing Address					
Mailing Address 8767 Shelbyville Road					
City	Indianapolis	State	Indiana	Zip	46259
Country				US	
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
Inventor's Signature				Date	
Residence: City		State		Country	
Mailing Address					
Mailing Address					
City		State		Zip	
Country					

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Page 2 of 2

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
TERRY WAYNE				LOCKRIDGE	
<b>Inventor's Signature</b>					<b>Date</b>
<b>Residence: City</b>	DAYTON	<b>State</b>	OHIO	<b>Country</b>	US
<b>Mailing Address</b>					
Mailing Address 5478 Grantland Drive					
<b>City</b>	Dayton	<b>State</b>	Ohio	<b>ZIP</b>	45429
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
ANDREW ERIC				BOWYER	
<b>Inventor's Signature</b>					<b>Date</b> 6/24/04
<b>Residence: City</b>	INDIANAPOLIS	<b>State</b>	INDIANA	<b>Country</b>	US
<b>Mailing Address</b>					
Mailing Address 8767 Shelbyville Road					
<b>City</b>	Indianapolis	<b>State</b>	Indiana	<b>Zip</b>	46259
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
<b>Inventor's Signature</b>					<b>Date</b>
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
<b>Mailing Address</b>					
Mailing Address					
<b>City</b>		<b>State</b>		<b>Zip</b>	
				<b>Country</b>	

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	
	<b>Filing Date</b>	
	<b>First Named Inventor</b>	MICHAEL ANTHONY PUGEL et al.
	<b>Title</b>	APPARATUS AND METHOD FOR DISTRIBUTING SIGNALS
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	PU040066

I hereby appoint:

☒ Practitioners at Customer Number Customer Number 24498  
OR  
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

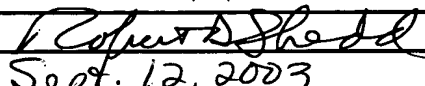
☐ The above-mentioned Customer Number:   
OR  
☐ The address associated with Customer Number:

<input type="checkbox"/> Firm or Individual Name	Joseph S. Tripoli, Patent Operations				
Address	THOMSON LICENSING INC.				
Address	P. O. BOX 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA				
Telephone	609-734-6828	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	ROBERT D. SHEDD, 36,269				
Signature					
Date	Sept. 12, 2003		Telephone	609-734-6828	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
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THOMSON LICENSING**

We,

THOMSON LICENSING  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

do hereby grant

Joseph S. Tripoli  
Senior Vice President  
Thomson Licensing Inc.  
Two Independence Way  
Princeton, New Jersey 08540

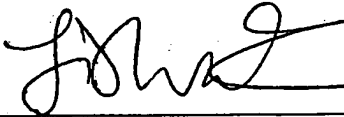
a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this 7 day of July, in the year 2005.

Signature:

Typed Name As Signed:

Title:

  
\_\_\_\_\_  
Julian Waldron  
President

**POWER OF ATTORNEY  
THOMSON LICENSING**

**THOMSON LICENSING**  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

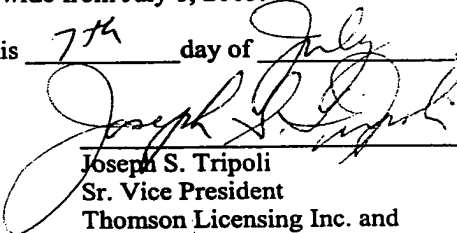
does hereby grant

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Harvey D. Fried - Sr. Patent Counsel/Manager  
Ronald H. Kurdyla - Sr. Patent Counsel/Manager  
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Vincent E. Duffy - Patent Counsel  
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Francis A. Davenport - Sr. Patent Agent  
William A. Lagoni - Patent Agent  
Brian J. Cromarty - Patent Agent  
Ronald Kolczynski - Member Patent Staff  
*Thomson Licensing Inc.*  
*Two Independence Way*  
*Princeton, New Jersey 08540*

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

DATED this 7<sup>th</sup> day of July, 2005.

SIGNED

  
Joseph S. Tripoli  
Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON LICENSING

WITNESS

